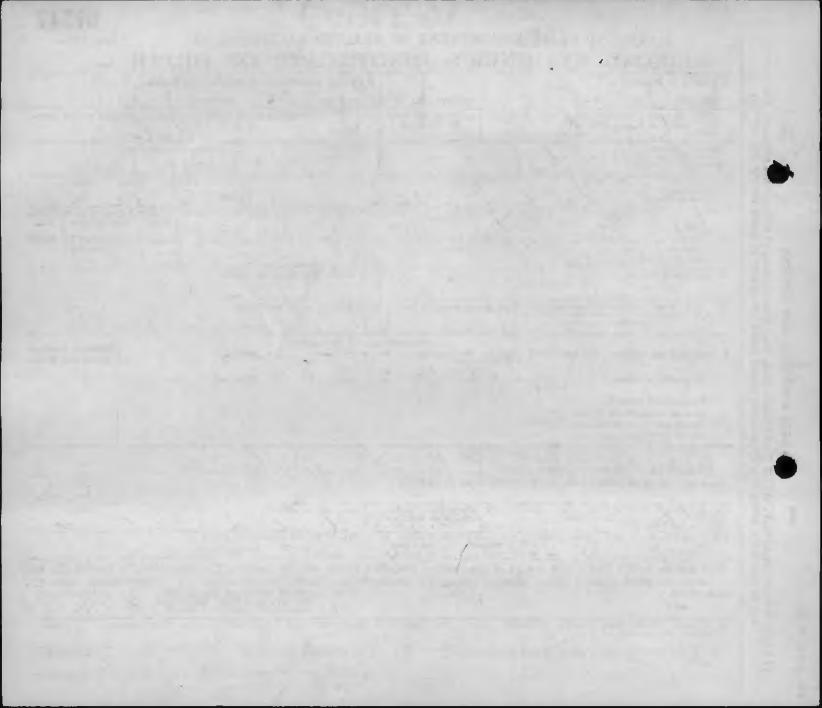


I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 44 3			V 723 a 11 L a			
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5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWART OF BIRTH 9. ACE last birthday If under 2 have long with the last saw the deceased from work of the disease or conditions. Hany, (b). 18. USUAL OCCUPATION (Give kind of work in the last saw the deceased from work) 19. ATTERS NAME 10. INDUSTRY 10. INDUST	DECEASED	Poi Dana			OF	almy
18. USIDAL OCCUPATION (Give kind of work 10. Kind of Business or 11. Eighthlace (State of foreign country) 12. Citizen of What does during most of working tile, even if relired 16. State of S		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	1 1 2	
16. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. UNFORMANT AND ADDRESS CHARLE. THE MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. UNFORMANT AND ADDRESS CHARLE. THE MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. UNFORMANT AND ADDRESS CHARLE. THE MOTHER'S MAIDEN NAME 15. WEST AND DEATH 15. WEST A	m.	C	(Specify)	-		112 Crawwy on Wilde
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or waknown) (If year, give war or dates of 1 Q - O - Q 2 O 7 Mrs. William tre Durch. Clurch. Mc. 17. UNFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 10. DI	done during most of	working life, even if retired)		à.	Λ	
16. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (17. DEFORMANT AND ADDRESS CHURCH. TWO SERVICE) 17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 19. DATE SIGNIFICANT CONDITIONS, if any, giving rise to the above cause stating the undrying class last of the death but not easing the undrying class last of the death but not related to the disease or condition causing death. 19a. DATE OF OFERATION 19b. MAJOR FINDINGS OF OPERATION 20a. AUTOPSY? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 21. ACCIDENT SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Avorby Avorby SIGNATURE 24. BURIAL CREMATION DATE REMOVED BY LOCAL REGISTRARS SIGNATURE 25. AUTOPSY: Local Autopsy: Local Autopsy: Local Autopsy: Local Autopsy: Local Local Autopsy: Local Local Autopsy: Local Local Local Autopsy: Local Loca			ŧ	14. MOTHER'S MAIDE	N NAME	
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(Yes, no, or unknown) (If year, give way or dates of 19-01-9207 Mas. Hilliantic fluctual fluc	15. WAS DECEASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. UNFORMANT AND	LANDROCC	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause sating the underlying cause instituting to the death of the state of the death of	(Yes, no, or unknown)	(If year, give war or dates		Mrs. Philmore	Divoks blever	u, mar
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) 1NJURY (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Work At work 24. AUTOPSY? Yes No (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OCCUR? OF INJURY (How bid in the deceased from Andrews Information the date stated above. SIGNATURE) 25. I hereby certify that I attended the deceased from Information the causes and on the date stated above. DATE SIGNED (Degree or title) ADDRESS 26. AUTOPSY? Yes No (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? The properties of the causes and on the date stated above. DATE SIGNED (DATE SIGNED COUNTY) (State) PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	443 X Immedia: Antecede Diseases or giving rise	te cause nt cause(s) conditions, if any, to the above cause		rulec aci	V. dises	INTERVAL BETWEEN ONSET AND DEATE
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22. I hereby certify that I attended the deceased from 19.5.5 to 19.5.5, that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5 to 19.5.5, that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5 to 19.5.5, that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5 to 19.5.5, that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5 to 19.5.5, that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5 to 19.5.5, that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5 to 19.5.5, that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5 to 19.5.5, that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5, and that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5, and that I last saw the deceased alive on 19.5.5, and that death occurred at 19.5.5, and that I last saw the deceased alive on 19.5.5, and that I last saw the deceased alive on 19.5.5, and that I last saw the deceased alive on 19.5.5, and that I last saw the deceased alive on 19.5.5, and that I last saw the deceased alive on 19.5.5, and that I last saw the deceased alive on 19.5.5, and that I last saw the deceased alive on 19.5.5, and the last saw the deceased alive on 19.5.5, and that I last saw the deceased alive on 19.5.5, and the last saw the deceased alive on 19.5.5, and the last saw the deceased alive on 19.5.5, and the last saw the deceased alive on 19.5.5, and the last saw the deceased alive on 19.5.5, and the last saw the deceased alive on 19.5.5, and the last saw the deceased alive on 19.5.5, and the last saw the deceased alive on 19.5.5, and the last saw the deceased alive on 19.5.5, and the last saw	TIME (Month)		INJURY OCCURRED	HOW DID INJURY O	CCUR?	
alive on		m.				
DATE RECO BY LOCAL REGISTERING STORAGE	alive on SIGNATURE	AATION POATE seity) 8-29-	nd that death occurred at (Degree or title) NAME OF CEMETE Casteru	ADDRESS TOM the ADDRESS TO THE ADDRE	LOCATION (City, town,	date stated above. DATE SIGNED or county) (State)
	DATE REC'D BY	\ \ \ \ \ \ \ \ \ \	SIGNATURE	P7 Sawa	OD. Phone J.	red, mel

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BUREAU V. S.

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Reg. Dist.

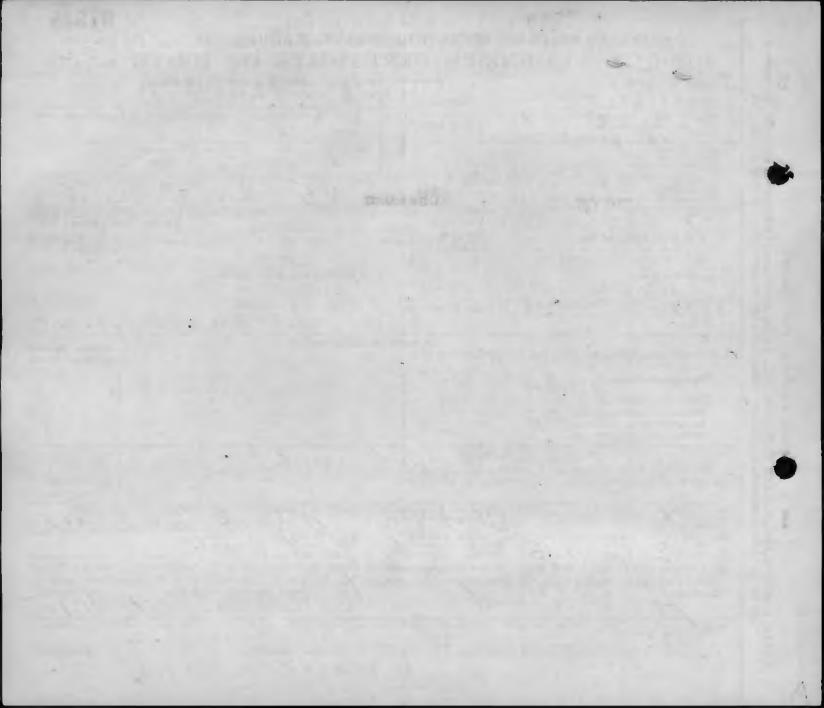
L. 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Wake CITY (If outside corporate limits write RURAL and give nearest town) (If rural, give location) 2403 Anderson Drive (Month) 19. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS Months Days Hours 11. BIRTHFLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Willis Funeral Home New Bern, N. C. INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes | No | CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER

(State)

LOCATION (City, town, or county)

A15A

RESERVED FOR



	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
	MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 5
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	7 1 1)
lŷ.	COUNTY MARYLAND	STATE NEW YORKCOUNTY (LONG	TRIGHT
gip	OR and give heares town) CITY (If on sile corporate limits, write RURAL LENGTH OF STAY (In this place)	CITY (If outside corporate limits write RURAL ar	nd give nearest town)
d le		TOWN GREET MECK	69x .:
ly and legibly.	HOSPITAL OR INSTITUTION OR OSTREET ADDRESS	STREET ADDRESS 444 All neck	Rd. 1
clear	3. NAME OF DECEASED: (First) (Middle) Fede	(Last) C 6 4. DATE (Month) (Da OF DEATH / 2	(Year)
of death clearly	RACE: WIDOWED DIVORCED, G.	20-110/ 7/ yrs.	Days Hours Min.
the causes of	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS (rock done during most of work life, INDUSTRY: 1 even in retired): 110e	DR 11. BIRTHPLACE (State or foreign country): 13	country?
nse	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
2 2	Herman Feder	MOTHOWN	
te the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes., no, or unk.) (If Yes, give war or dates of service)	Frances Semon (Sister)	2
se write	i. diseases or conditions directly leading to death:	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
~ CS			
plea	Immediate cause (a)		
ns: please	Immediate cause DUE TO Antecedent cause(s)		***
2	Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO		
2	Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		
Physicians:	Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	tunk	
Physicians:	Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Lunch	20. AUTOPSY? Yes No
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is especially important. Physicians:	Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hoar) OF While at Work of the Not while INJURY 22. I hereby certify that I took charge of the remains described to the cause of	21c. (City or total County) 21c. How DIM NJURY OCCUR? 21c. How DIM NJURY OCCUR? 21c. How DIM NJURY OCCUR? 21c. (City or total County)	Yes No No (State)
WKILE FLAINLY, WITH ONFADING age is especially important. Physicians:	Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY LOT CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF While at work INJURY 22. I hereby certify that I took charge of the remains described that leath resulted from: Natural causes According to the control of the causes According to the cause According	ibed above, held an Autopsy , Inspection ident Suicide , Homicide , Undete CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Yes No
is especially important. Physicians:	Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY dor CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hoar) 21c. INJURY OCCURRED OF INJURY OF CONTRIBUTING OF OPERATION: 22d. TIME (Month) (Day) (Year) (Hoar) 21c. INJURY OCCURRED OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED OF INJURY OF	ibed above, held an Autopsy , Inspection ident Suicide , Homicide , Undete CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Yes No

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CER'	TIFICATE OF DEATH No. 5
I. PLACE OF DEATH: COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New YOUNG COUNTY
CITY (If outside converted limits, write BURAL LENGTH OF STAY (in this place)	CITY (If outside corporad limits write RURAL and give nearest town) OR TOWN Bloomfield 67X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 41 Patton Drive
	CRGUE 2 A. DATE (Month) (Day) (Year) CRGUE 2 DEATH (Month) (Day) (Year)
6. SEX: 6. COLOM OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married Rugue	et 1893 62 yrs. Months Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	n new gersey 4. S. G
13. FATHER'S NAME: Frank Ferguson	Lovella
15. WAS DECRASED EVER IN U.S. ARMED FORCES 7 (6, SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service) W.W.I	Forny & Horny, Bloomfield, n
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO	L CERTIFICATION INTERVAL BETWEEN CONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	

stating underlying cause last

(e) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, OF states INJULY 21c. INJURY OCCURRE 21d. TIME (Month) (Day) (Year) (Hour) While at

OCCUR 2

County (State)

28. AUTOPSY? Yes 🗌 No 🗆

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from Natural eauses []. Accident Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE M. D.

23. BURIAL, CREMATION. REMOVAL (Specify) DATE REC'D BY LOCAL

DATE THEREOF 5

NAME OF CEMETERY REGISTRAR'S SIGNATURE

LOCATION (City, town, or county)

WRITE PLAINLY, WITH ge is especially important. 53 SE 10 PLEA A15A VS.

carefully. The

UNITADING INK. Supply every ltem of informatio Physicians: please write the causes of death clearl

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REG.

24. FUNERAL DIRECTOR

J. Christian in the state of

ADDRESS

24. EUNERAL DIRECTOR

S. A16A - 5 - 53

DATE REC'D BY LOCAL

REG.

REGISTRAR'S SIGNATURE

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17.6	х.	Dist

MEDICAL EXAMINER	'S CERTIFICA	ATE OF	DEATH	No. 5
1. PLACE OF DEATH:	2. USUAL R	ESIDENCE (HOME)	OF DECEASED:	
	MARYLAND STATE	YEW YURK CON	NTY	
CITY (If outside consonate limits, write RURAL L. OR and rive near introven)	ENGTH OF STAY (ITY (ITY (ITY (ITY (ITY (ITY (ITY (IT	Outside corporate limi	ts write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	463 8	rural, give Accation)	Ave 1
3. NAME OF DECEASED: (First) (Middle (Type or Print)	Goldstone C	4 OF DEATH	(Month) (Day)	(Year) _ 195)
	VORCED. 7-10-19	15 4	orthday: IF UNDER 1 YE Months Day	Hours Min.
	JSTRY:	HPLACE (State or 10		COUNTRY?
13. FATHER'S NAME; Coldsto	one Ic	A SPO	ellman	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, po, or unk.) (If Yes, give war or dates of service)	L SECURITY No.: 17. INFORMA	NT & ADDRESS:		
I. DISEASES OR CONDITIONS DIRECTLY LEADING 7 Immediate cause (a) DUE TO	18. MEDICAL CERTIFICA	ATION		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (b)				•
stating underlying cause last (c)				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	E 02131 CCC	ech		
19s. DATE OF OPERATION: 19b. MAJOR FINDING (of operation:			20. AUTOPSY? Yes \(\subseteq \text{No} \(\subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY D.or CONTRIBUTING OF CAUSE OF DEATH.	ome, farm factory, 21c. (City office My nets.	or town	(Coup())	(State)
21d. TIME (Month), (Day) (Year) (Hour) 21e. INJUI OF While a Work	t Not while	DID INJURY OCCU	4	
22. I hereby certify that I took charge of the find that death resulted from: Natural ca		nicide 🔲 , Homic	ide 🗆 , Undeter	mined cause
SIGNATURE Ward		CHIEF MEDICAL I		DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NA	м. D.	ASSISTANT MEDIC		8/14/22
DATE REC'D BY LOCAL REGISTRATES SIGNATUR	ME OF CEMETERY OR CREMA	ASSISTANT MEDIC	AL EXAM. (City, town, or cou	ADDRESS 1

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH age is especially important.

carefully. The correct and legibly.

UNFADING INK Supply every item of information Physicians: please write the causes of death clearly

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nearest town)

(Year)

IF UNDER 24 HRS.

ONSET AND DEATH

20. AUTOPSY?

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(Stat

(State)

YES

DATE SIGNED

(County)

Hours

112. CITIZEN OF WHAT

COUNTRY?

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(Day)

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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from and that death occurred at M, from the causes and on the date stated above. alive on SIGNATURE ADDRESS DATE_SIGNED M. D 23. BURIAL, CREMATION. LOCATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (City, town, or county) REDISTRAR'S FUNERAL DIRECTOR DATE REC'D BY LOCAL SIGNATURE REGISTRAR

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ARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

Them 8.5.1m G 186 - 7.20 55 MARYLAND STATE DEPARTMENT OF	HEALTH BALTIMODE 19 Por Diet
	RTIFICATE OF DEATH No. 51
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this piace)	OR A
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS	STREET ADDRESS (If rural, give location)
3. NAME OF (Middle) DECEASED: (Type or Print)	Last) 4. DATE (Month) (Day) (Year) OF DEATH 27 1935
5. SEX: 6. COLOR OR 7. SINGLE MARNIED, WIDOWED, DIVORCED (Specify):	TE OF BIRTH: 4 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dope during most of work life, even is refired.	
13. FATHER'S NAME: foliusa	14. MOTHER'S MADEN MADE: Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Parker & O.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 33/X Immediate cause DUE TO Diseases or conditions, if any, giving rise to the above cause attaing underlying cause last	INTERVAL BETWEEN ONDET AND DEATH COPY. Cornorly 2 2 2
(c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yee ☐ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.	7, 21c. (City or fown) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Not while at work	21f. HOW DID INJURY OCCUR?
find that death resulted from Natural causes Acci	ibed above, held an Autopsy , Inspection , Inquiry , and ident , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23/BUHAL CREMATION, DATE THEREOF NAME OF CEMETE PREMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or county) (State) Calcal (City, town, or county) (State) ADDRESS
REG. 14 1. 1 (U. 7) a. b.	P.Z. Sawell Prince Frederick h

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MARYLAND STATE DEPARTMENTS OF HEALTH-BALTIMORE, 18

Reg. Dist.

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WINCE BEEL A.S.	HX A VIIN HRS	CORRESPONDED A CINE	4 9 14	TREE ATTEM
MEDICAL	TAXX LETATE TATALET STATE	CERTIFICATE	OT.	

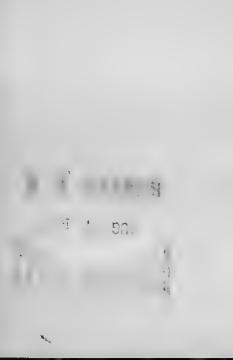
TILLIAN CARAM MARKETALLA	IL O OHILL		OF DUNIELL	L 110. 5
I. PLACE OF DUATH:	11:	. USUAL RESIDENCE	E (HOME) OF DECEASED:	
COUNTY Colort	MARYLAND	STATE M.V.	COUNTY	
CITY (16 oulside complete limits, write RURAL OR and grid neares flown)	LENGTH OF STAY (in this place)	CITY (If outside of TOWN	orporate limits write BURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 287	Washington	Place 1
DECEASED: (Type or Print) Hayro	iddle) Kirse	Last) 7	4. DATE (Month) (OF DEATH	Day) (Year)
	DIVORCED /8	96	AGE last birthday: IF UNDER 58 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, in even if retired) TRUBAT OFFICER	SCHOOL	Musse	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME:		Mennie	EN NAME:	un)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. So (Yes, no, or unle.) (If Yes, give war or dates of service) WW. F	CIAL SECURITY No.: 17	rah Rosen	bilet For Hoc	Laure N.V
		CERTIFICATION /	The state of the s	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADIN	G TO DEATH:			ONSET AND DEATH
Immediate cause (a)	fin			
Antecedent cause(s)				
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	**	At 0 00 000 000	· · squeequestate + · · atesta >	** *****
stating underlying cause last (c)				
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH.		week		
19a. DATE OF OPERATION: 19b. MAJOR FINDIN	G OF OPERATION:			20. AUTOPSY?
PRIMARY OF CONTRIBUTING CONTRIBUTIONS OF CAUSE OF PEATH.	light, farm factory,	21c totte or town	earl (count)	A (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. IN	le at Not white	211. NOW DID IN	reseck	
22. I hereby certify that I took charge of t				
find that death resulted from Natural	causes [], Accide		, Homicide [], Under MEDICAL EXAMINER	DATE SIGNED
HU Ward	1	DEPUT	MEDICAL EXAMINER 'S	X 8/12/55
23. BURIAL, CREMATION, DATE THEREOF CHOVAL (Specify): Chapter 1955	NAME OF CEMETERY	OR CREMATORY	LOGATION (City, town, or	r county) (State)
DATE REC'D BY LOCAL REDISTRAR'S SIGNAL	TURE-	24. FUNERAL DIRE	CCTOR	ADDRESS
AUG 14 1955	Magun -	100 deven	son Abros ne_	Ballo Had
3 Cicco	7 13	*		

VS. A15A - 5 - 53

carefully. The correct and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information age is especially important. Physicians: please write the causes of death clearly

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Reg.	A	ist	.6

MARILAND STATE DEPARTMENT OF F	1EALIH—BALIMURE, 18 Reg. Dist.
MEDICAL EXAMINER'S CER'	TIFICATE OF DEATH No. 53
1. PLACE OF DEATH:	2. USUAL RESIDENCE AHOME) OF DECEASED:
COUNTY (alvert MARYLAND	STATE // COUNTY / Went
CITY (If outside corporate lumits, write RURAL OR and give hearest fown) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) / ADDRESS
3. NABIE OF (Middle)	(Legt) 4. DATE (Month) (Day) (Year)
(Type of Print)	shy de DEATH 8 23 1957
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify):	9. AGE last hirthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dote during most of work life, even if felicity).	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHED'S NAME:	14. MOTHER'S MAIDEN NAME:
15 Was Decreased Europe v II S. Appen Founds II S.	Ayala Anellerach
15. WAS DECRASED EVERNIN U.S. ARMED FORCES 1 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	Hilliam & Lusty 8028 New Per
18. MEDICA	L CERTIFICATION Rd La II
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) Contag	Intolessa "
Antecedent cause(s)	
Diseases or conditions, if any, (h)	· doub remains them · hes announcement and an abundancement and the contract of the contract o
giving rise to the above cause DUE TO stating underlying cause last	
11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE JOUR	of dead in hid
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory,	21c. (City or town) Yes No.
PRIMARY or CONTRIBUTING OF street, office hidg., etc., CAUSE OF DEATH.	Carved Mil
2Id. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while in Not work ☐ at work	How did injury occur
	ed above, held an Autopsy [], Inspection [], Inquiry [], and
	ent [], Suicide [], Homicide [], Undetermined cause [].
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM
23. BUBIAL, CREMATION, DATE THEREOF NAME OF CEMETER BEMOVAL (Specify):	Y OR CREMATORY LOCATION (City, town) or county) (Style) -
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24-FUNERAL DIRECTOR () ADDRESS
gree 24155 Space F. Kellehins	Votest A Mallenda 131-11 St

PLEASE WRITE PLAINLY, WITH age is especially important. - 53 VS. A15A - 5

carefully. The and legibly.

UNFADING INK. Supply every item of informatibe. Physicians: please write the causes of death clearly

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MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist. 8
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 51
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Calvert MARYLAND	STATE Virginiacounty	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Prince Frederick LENGTH OF STAY (in this place) days	CITY (If outside corporate limits write RURAL and OR TOWN Alexandria	give nearest town)
HOSPITAL OR LINSTITUTION OR Ealvert County Hospital	STREET (If rural, give location) ADDRESS 1023 Many Baldwin Drive	j
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Jamas F. Mi	(Last) 4. DATE (Month) (Day OF DEATH August 3) (Year) 1955
M RACE: WIDOWED, DIVORCED, Cct	TE OF BIRTH: 9. AGE last birthday: IF UNDER I Y 6. 1928 26 yrs. Months Da	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Control of work done during most of work life, INDUSTRY: even if retired): Government Employee	DR 11. BIRTHPLACE (State or foreign country): 12. Washington, D. C.	CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Freeman W. Willer	Gertrude Rutkowski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES I 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Hospital Records	
18. MEDIC	CAL CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Comment	ne	ONSET AND DEATH
Antecedent cause(s) Diseases or conditions if any. (b) Peritonitis	· · · · · · · · · · · · · · · · · · ·	h P 4 1 hor himsel
RIVING THE TO THE SHOVE CRUSS		
stating underlying cause last (c) Mesenteric Thron	mbosis	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	ecident	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes Ne
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COF street, office bidge, etc. CAUSE OF DEATH.	Can Can	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	114.
INJURY July 31 1955 M. work at work		T
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes _, Accissinature		
REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or con Washington, D. C	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 8/14/55 A. 24 Ward	Robert A. Mattingly Washing	ADDRESS ton, D. C.

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ı	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
ı	MEDICAL EXAMINER'S CER	TIRICATE OF DEATH	162
ı			No
ļ	1. PLACE OF DEATH: CEGIFE M. NEVIN	2. USUAL RISIDENCE (HOME) OF DECEASED:	
ļ	COUNTY CARRIED MARYLAND	STATE NEW JOYA COUNTY	
	CITY (If sutside desporate limits) write RURAL OR and five negrest town) (In this place)	CITY (If outside corporate limits write RURAL an OR TOWN 34 during	d give nearest town)
ľ	HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
	STREET ADDRESS	820 De Mott Ave	./_
ı	3. NAME OF (First) (Middle) DECEASED: (Type or Print) (Police M New	(Last) 4. DATE (Month) (Da. OF DEATH	y) (Year)
			YEAR IF UNDER 24 HRS.
	(Specify): Niclow July	yrs.	ays Hours Min.
	10a. USUAL OCCUPATION (G.ve kind of work done during most of work like, even if retired): NDUSTRY:	II. BIRTHPLACE (State or foreign country): 12	COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	abraham Tolesten	Elorence :	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	_
	Bervice)	Rusdan Sons duc. Brook	42. N.V_
		AL CERTIFICATION	INTERVAL BETWEEN
	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
	Immediate cause (a)		
	Antecedent cause(s)		
	Diseases or conditions, If any, (b)		
	stating underlying cause last (c)		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	week	
	19a, DATE OF OPERATION: 19b, MAJOR FINDING OF OPERATION:		20. AUTOPSY?
			Yes No
	21a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING OF Street office bird etc. CAUSE OF DEATH.	210 (City of town) County)	(State)
	21d. TIME (Month) (Day) (Year) (Honr) 21e. INJURY OCCURRED While at Not while INJURY / 2 / 4 / M. work at work	214 HOW DIL MIJURY OCCUR?	6 7
	22. I hereby certify that I took charge of the remains descri	bed aboye, held an Autopsy [], Inspection [, Inquiry [], and
	find that death resulted from: Natural causes [], Accident		
	SIGNATURE // // // // // // // //	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
	23. BURLAL, CREMATION, DATE THEREOF NAME OF CEMETER	M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or c	ounty) (State)
	REMOCAL (Specify) A A)/ (State)
	DATE REU'D BY LOCAL RECESTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 126, W. H.	DDRESS
	REG.	Sol Termond Brown	ATO surl
		120	W # # 1740 1 1 1



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No	Reg.	Dist.	No	
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<u>į</u>	1. PLACE OF DEATH. COUNTY TAR ANY NOW MARYLAND	STATE COUNTY
fully.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest lown) OR give nearest lown TOWN	CITY (If quisite corporate limits, write RURAL and give nearest town) OR TOWN
of information carefully death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 308 419 h law Blvd.
atio.	3. NAME OF (Figst) (Middle)	NOVINS OF THE Month (Day) (Year)
orm	(Type of Print) 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE inst birthday If under f year If under 24 hrs.
thi	remale N WIDOWED, DIVORCEDE (Specify) Single	Jana 0 / 746 9 Months Days Hours Min.
des	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even Lettired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Citizen or WHAT COUNTRY! A
every item	13. FATHER'S NAME A REPORT OF THE PARTY OF T	14. MOTHER'S MAIDEN NAME
cat	15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
the	gervice)	Kaselon Sondre-Brookyn, 11.4.
Supply e	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1. DROWN.	INTRVAL BETWEEN ONSET AND DEATE
INK. please	Antecedent cause(s)	
y, WITH UNFADING y important. Physicians:	Diseases ar conditions, if any, (b) glving rise to the above causa stating the underlying cause last	
FA1 bys	H. OTHER SIGNIFICANT CONDITIONS	
C C	Conditions contributing to the death but not related to the disease or condition causing death.	
rtan	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!
.W.T	21. EXTERNAL CAUSE WAS PRIMARYY OR CONTRIBUTING Of office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
PLAINLY s especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not while INJURY OCCURRED (While at Not while work at work	Bost accepted during During
E PLA is esp	22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy Inspection of Inquiry thereowand from the evidence eased died on the day stated above, and death in my opinion resulted
WRIT	from: natural causes (*) accident (*), suicide], homicide], SIGNATURE (Degree prilite)	ADDRESS POR SIGNED
E)		CRY OR CREMATORY LOCATION (City, town, or county) (State)
EAS	Memoral aug 15,1955 Cleacing	conettery Brooklyn, N. Y. ADDRESS
PLI	REG REC'D BY LOCAL RESISTRAR'S SIGNATURE,	24. PUNERAY DIRECTOR ADDRESS
	-111-011-01	1126 W. north ave, Ballo. mel.
	preced / proy for	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 32
1. PLACE OF DEATH: // 2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MARYLAND STATE 1. COUNTY
CITY (If cutside corporate limits, write RURAL LENGTH OF STAY (If optside corporate limits write RURAL and give nearest town) OR and give nearest town) OR TOWN TOWN TOWN
HOSPITAL OR STREET ADDRESS 308 Hzgliand Dlud
3. NAME OF DECEASED: (Middle) (Middle) (Last) 9 4. DATE (Month) (Day) (Year) OF DEATH 8 /2 1955
5. SEK: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTIF: 9. AGE 15 6 hday; IF UNDER 1 YEAR IF UNDER 24 Hes. WIDOWED DIVORCED, (Specify): WIDOWED DIVORCED, 3/26/13 9rs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work life, even if retired): Application of work life, even if retired): The state of work life, even if retired is the state of work life, even if work life, eve
13. FATHER'S NAME: Unknown 14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of land
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause OUE TO
Antecedent cause(s) Diseases or conditions, if any, (b)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:
21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF OF CAUSE OF DEATH. OF CAUSE OF DEATH. OF INJURY OF COUNTRIBUTING OF INJURY OF CAUSE OF DEATH.
21d. Time (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at work of State of
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes Accident Suicide Homicide Undetermined cause . SIGNATURE M. D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.
23 BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR OREMATORY LOGATION (Chy, town, or county) (State)
DATE REC'D BY LOCAL RECUSTRAR'S SIGNATURE AND SOL- SUPERAL DIRECTOR INC. 124-26 W. North On
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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

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Zo \	Reg. Dist. N	U
ne)	1. PLACE OF DEATH- COUNTY COUNTY CALL RESIDENCE (HOME) OF DECEASED- COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	Y
ully bly.	CITY (if outside-corporate limits, write RURAL and given restest town) CITY (if outside-corporate limits, write RURAL and given restest town) CITY (if outside-corporate limits, write RURAL and given restest town)	ve nearest town)
of information carefully death clearly and legibly.	TOWN STOCK YN HOSPITAL OR INSTITUTION OR TOWN STREET ADDRESS	201-11
and	STREET ADDRESS SOR 1719h 17nd	KEN RO .
fnati arly	DECEASED (Type or Print) Hillard R. Nevinside, Death August	(Day) (Year) 12 19.55
infor th cle	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE DEBITH 9. AGE last birthday If under Months (Specify) / 199/2. Hof Mown 13 yrs.	I year Hunder 24 hrs., Days Hours Min.
n of dea	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Buriness on II. BIRTHPLACE (Staty or foreign country) II done during for of yorking life, wen if retired) INDISTRY	Z. CITIZEN OF WHAT
Supply every item write the causes of	13. FATHER'S NAME TO A STATE OF THE PARTY OF	4311
rery	15. WAS DECKASED EVEN IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO. 17. INFORMANT. AND ADDRESS	
y er	(Yes, no fortunknown) (If yes, give war or dates of	
upp	IR. MEDICAL CERTIFICATION	INTERVAL BETWEEN
(S)	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
INK/ please	Immediate cause (a) Illumine (b)	sellen)
S: E	Antecedent cause(s) Diseases or conditions, if any, (b)	
N ian	Disease or conditions, if any, (b). giving rise to the above cause stating the underlying cause last	
AD	(e)	
UNFADING t. Physicians:	W. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
H (ant	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
WITH	AL DATED VIA ALL AND A	Yes D No S
4 0140	21. EXTERNAL CAUSE WAS PRIMARY TOR CONTRIBUTING OF office bidg., etc.) INJURY WORLD SOLUTION (COUNTY OF TOWN)	(STATE)
ally	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	
All	INJURY 8 PL 55 m. work at work & Sont- Weegle.	
PL	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection of Inquiry In	from the evidence
TE	from: natural causes Vaccident , suicide , hoppicide , undetermined . SIGNATURE (Degree or fitte) ADDRESS /	DATE SIGNED
WRITE PLAINLY is especially	The state of the s	A-LIO
SE	21. RUBLAL CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (CHy, towy), or country	ity) (State)
PLEAS	Burial 8-16-55 Heacie (emetery 15 rooklyn	NY
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ORDER 15, 1953 REGISTRAR'S REGISTRAR'S SIGNATURE ORDER 15, 1953 REGISTRAR'S REGISTRAR'S SIGNATURE ORDER 15, 1953 REGISTRAR'S	ADDRESS No.

UD ULLE UNI.

2. V UATRU.

1. PLACE OF DEATH

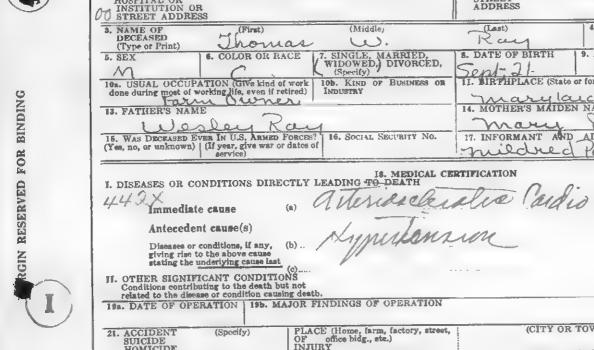
COUNTY

CERTIFICATE OF DEATH

STATE

2. USUAL RESIDENCE (HOME) OF DECEASED.

Reg. Dist. No.....



naryland MARYLAND CITY (If outside corporate ilmits, write RURAL and give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and OR give nearest town), (in this piace) Hentenglown TOWN STREET (If rural, give location) HOSPITAL OR (Year) 4. DATE (Month) (Dav) 19 5 5 DEATH 9. AGE last birthday | If under. I year | If under 24 hrs. Months. Days | Hours | Min. 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? INTERVAL BETWEEN ONSET AND DEATE 20. AUTOPSY? Yes 🗌 No 🗆 (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) Not While While at At work [Work INJURY 2 19 55, that I last saw the deceased 22. I hereby certify that I attended the deceased from A from the causes and on the date stated above. and that death occurred at alive on DATE/SIGNER ADDRES Degree or title) SIGNATURE ECCATION (City, town, or county) CEMETERY OR CREMATORY (State) 21 BURIAL EREMATION REMOVAL (Specify) FUNERAL DIRECTOR DATE REC'D BY LOCAL



"UREAU V. S.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY TOWN MARYLAND STATE (OHN COUNTY Mew Haven
CITY (If outside corporate limits, write MURAL OR and give learest town) OR and give learest town) OR and give learest town) TOWN OR AND FOR AND F
HOSPITAL OR STREET (If rursl, give location)
INSTITUTION OR CONTROL MORGE ADDRESS VICE TO
3. NAME OF DECEASED: (First) RECTRANCH. (Middle) Robots 8 1. DATE (Month) (Day) (Year) OF DEATH 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, WIDOWED, DIVORCED, WIDOWED, WIDOWED, WIDOWED, DIVORCED, WIDOWED, WIDOWE
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR Work done during most of work life, even if retired): DOCTOR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
Morman Variety Porce Pullan
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:
TI Service) 1 FRANCES VIRGINIA COBERIS - SAME
18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a)
Antecedent cause(8) DUE TO Wark to ma little one
Diseases or conditions, if any (b)
giving rise to the above cause DUE TO stating underlying cause last
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY?
Yes No
21a. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING OF INJURY OF IN
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (While at Not while INJURY) 21f. How DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and
find that death resulted from: Natural causes Accident Suicide Homicide Undetermined cause SIGNATURE PARE SIGNED
M. D. DEPUTY MEDICAL EXAMINER 8 8/12/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR ADDRESS
REG. 1 - 2100 Eutaw Plan
With the state of

7566 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 4 1. PLACE OF DEATH 2. USUAL RESIDENCE, (HOME) OF DECEASED COUNTY MARYLAND COUNTY CITY If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and whe pearest town! (in this place) OR and informition TOWN TOWN 4 HOSPITAL OR STREET (If paral give location) clearly INSTITUTION OR **ADDRESS** STREET ADDRESS (Middle) . First 4. DATE (Month) 3. NAME OF (Last) (Day) (Year) death DECEASED OF of (Type or Print) DEATH: 6 COLOR OR 7 9. AGE last birthday; IF WNOER I YEAR SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED Months | Days Hours i (Specify): every auses USUAL OCCUPATION (Give kind of) 10B KIND OF BUSINESS (State or foreign country); [12, CITIZEN OF WHAT work done during most of working life. OR "INDUSTRY: COUNTRY? even if retired; upply 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME. . É INFORMANT & ADDRESS: Wri IS WAR DECEASED EVER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO (Yes, no, or unk.) (If Yes, give war or dates Z of service) 16. MEDICAL CERTIFICATION INTERVAL DING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) Physicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (0) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. AIN MAJOR FINDINGS OF 20. AUTOPSYT 21A. ACCIDENT WAS UNDERLYING THE PLACE Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street of the bidg., etc. 五 INJURY OCCURY (State) (County) 21E INJURY OCCURRED
While Not while 210 TIME (Month) (Day) (Year) (Hour) 21F HOW DID JAJURY OCCUR? \geq OF INJURY at work at work K ., 19 ., that I last saw the deceased 22. I hereby certify that I attended the deceased from . to 国 ಥ and that death occurred Mr. from the causes and on the date stated above. TYPI alive on rect SIGNATURE 區 OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, NAME OF CEMETERY (State) 50 MEMOVAL (SPECIFY) 屋 DATE REC'D BY LOCAL FUNERAL DIREC ADDRESS REGISTRAR



Monthal

Days

No.

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY: Yes | No

(State)

ADDRESS

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	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEAT	H No. 5-2
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	: // /
COUNTY COUNTY MARYLAND STATE COUNTY	lone
CITY (If offside corporate limits, write RUPAL LENGTH OF STAY (In this place) OR and thus pearest town (in this place) OR TOWN	E and give nearest town)
X TOWN from frederil 5: 12 day TOWN / row decle	med X
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give local ADDRESS)	tion)
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF (Type or Print) Maurice (Manuel Zumes DEATH	(Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNI WIDOWSO, DIVORCED, Month	DER 1 YEAR IF UNDER 24 HRS. a Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work life, even if retired). [INDUSTRY:	12. CITIZEN OF WHAT
13. FATHER'S NAME: 14. MOTHER'S MAIDEN-NAME:	(10,//)
Samuel Turner Ida Turung MI	Maner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:	11 .
service) Mus Wellie Furness, (Owny Ma
18. MEDICAL CERTIFICATION	12-0-2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO SEATH:	ONSER AND DEATH
Immediate cause (a) Unity aled Welk	J Lday
Antecedent cause(s)	
Diseases or conditions, if any. (b)	
giving rise to the above cause DUE To	
	1
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE LEGISLASE OR CONDITION CAUSING DEATH.	THE
TO THE DEATH BUT NOT RELATED TO THE	20. AUTOPSX?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 12b. PLACE (Prop. farm. factory 1 21c. Asity or town)	Yes No
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. City or town)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street of the bldg etc., CAUSE Of DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at Not white	Yes No
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street with hidz etc., CAUSE Of DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF STREET OF ST	Yes No X (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street fine bids etc., CAUSE Of DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OF Street fine bids etc., INJURY OF STREET ST	Yes No No No (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street fibe bldg etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21c. 1950ky OCCURRED Not while work of at work of the properties of the remains described above, meld an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Unconstitution of the properties of the remains described above, meld an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Unconstitution of the properties of the remains described above, meld an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Unconstitution of the properties of the remains described above, meld an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Unconstitution of the properties of the remains described above, meld an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Unconstitution of the properties of the remains described above, meld an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Unconstitution of the properties of the remains described above, meld an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Unconstitution of the properties of the remains described above, meld an Autopsy , Inspection for the properties of the remains described above, meld an Autopsy , Inspection for the properties of the remains described above, meld an Autopsy , Inspection for the properties of the remains described above, meld an Autopsy , Inspection for the properties of the properties of the properties of the properti	Yes No No No (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING OF Street of the bldg etc., CAUSE Of DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work of the control of the present of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes , Accident Suicide , Homicide , Uncontrol of the control of the	Yes No X (State) No X (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Steel file bldg etc., CAUSE Of DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED Not while INJURY 22. I hereby certify that I took therge of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Un SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, REMOVAL (Specity):	Yes No X (State) No X (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street file bldg etc., CAUSE Of DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work of the property Medical Examiner Deputy Medical Examiner M. D. ASSISTANT MEDIC	Yes No No No (State) I J , Inquiry , and determined cause
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Steel file bldg etc., CAUSE Of DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED Not while INJURY 22. I hereby certify that I took therge of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Un SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, REMOVAL (Specity):	Yes No No No No No No No N

VS. A15A - 5 - 51

PLEASE WRITE PLAINLY, WITH age is especially important.

UNFADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

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BUREAU Y. E.

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BECEINED